

EEOC Form 5 (5/01)

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To: Agency(ies) Charge No(s):

☐ FEPA
☒ EEOC
420-2006-02259_____
State or local Agency, if any and EEOC

Name (Indicate Mr., Ms., Mrs.)

Montricia Pittman

Home Phone No. (Incl Area Code)

(334) 281-6017

Date of Birth

02-07-1973

Street Address

City, State and ZIP Code

6144 Cherry Hill Road, Montgomery, AL 36116

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name

MONTGOMERY COUNTY SHERIFF'S DEPT.

No. Employees, Members

201 - 500

Phone No. (Include Area Code)

(334) 832-4980

Street Address

City, State and ZIP Code

115 South Perry Street, Montgomery, AL 36116

Name

No. Employees, Members

Phone No. (Include Area Code)

Street Address

City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate box(es).)

☐ RACE ☐ COLOR ☐ SEX ☐ RELIGION ☐ NATIONAL ORIGIN
☒ RETALIATION ☐ AGE ☐ DISABILITY ☐ OTHER (Specify below.)

DATE(S) DISCRIMINATION TOOK PLACE

Earliest

Latest

01-13-2006**01-27-2006**☐ CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

On September 29, 2005, I filed a charge of discrimination with EEOC, charge number 130-2005-07026. On January 25, 2006, I received a letter from the sheriff's department warning me not to participate in activities protected under Title VII.

Due to the atmosphere at work, I resigned on January 27, 2006.

I believe the sheriff's department discriminated against me by retaliating against me for participating in protected activity and by forcing me to resign due to a hostile work environment in violation of Title VII of the Civil Rights Act of 1964, as amended.

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY - When necessary for State and Local Agency Requirements

I declare under penalty of perjury that the above is true and correct.

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

Apr 28, 2006

Date

Charging Party Signature

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
(month, day, year)